




CLAIMANT'S NAME LUCINDA EHNES			SSN or EMPLOYEE NUMBER*		DEPARTMENT DMHC		
POSITION DIRECTOR		CB/ID No. NON	DIVISION or BUREAU DIRECTOR'S OFFICE			INDEX NUMBER 1000	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 980 9TH STREET, SUITE 500			TELEPHONE NUMBER 322-2012	
CITY CA		STATE CA	ZIP CODE 95814	CITY SACRAMENTO		STATE CA	ZIP CODE 95814

(1) NORMAL WORK HOURS						(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED				
(4) MONTH/YEAR 7-09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
17		Sacramento to Oakland & Return						SC	20.00		0.00		20.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		20.00	0.00	0.00	20.00	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$20.00
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 7/16 - 7/17 - Attended the Health Care Interpreter Network in Oakland. Lost parking ticket for Waterfront Plaza Hotel where meeting was held.	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
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(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)				DATE
				

CLAIMANT'S NAME LUCINDA EHNES			SSN or EMPLOYEE NUMBER* XXX-XX-7393		DEPARTMENT DMHC	
POSITION DIRECTOR		CB/D No. NON	DIVISION or BUREAU DIRECTOR'S OFFICE			INDEX NUMBER 1000
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
CITY CA		STATE CA	ZIP CODE 95628	CITY SACRAMENTO		STATE CA
				ZIP CODE 95814		

(1) NORMAL WORK HOURS						(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED				
(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
7-23	1600	Oakland						SC	3.75		0.00		3.75	
8-04	1200	Sac to Emeryville						SC	10.00		0.00		10.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		13.75	0.00	0.00	13.75	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$13.75
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
7-23 - IHA Board of Director's Meeting - parking - lost receipt 8-4 - Meeting with Brown & Toland Physicians - parking, no receipt	PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	
CLAIMANT'S SIGNATURE 	DATE
(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
